

# HELENA POLICE DEPARTMENT Traffic/Parking Complaint Form



Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Location Patrol Needed (Please Be Specific): \_\_\_\_\_

Type of Problem (Check One): ☐ Speeding ☐ Stop Sign ☐ 4 Wheelers/Dirt bikes ☐ Parking Violation ☐ Other (Describe Below)

Please briefly describe the traffic/parking problem: \_\_\_\_\_

Person Taking Request: \_\_\_\_\_ ID# \_\_\_\_\_

Remarks from Patrol Units: \_\_\_\_\_